

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09/769057</b>		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	<del>ORIGINAL</del>		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						61		
2							62		
3		/					63		
4		/					64		
5		/					65		
6		/					66		
7		/					67		
8	/	<del>/</del>					68		
9		/					69		
10		/					70		
11		/					71		
12		/					72		
13		/					73		
14		/					74		
15							75		
16							76		
17							77		
18		/					78		
19		/					79		
20		/					80		
21		/					81		
22		/					82		
23		/					83		
24	/						84		
25		/					85		
26		/					86		
27		/					87		
28		/					88		
29		/					89		
30		/					90		
31	/						91		
32		/					92		
33		/					93		
34							94		
35							95		
36							96		
37							97		
38							98		
39							99		
40							100		
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									
TOTAL IND.	4		2				TOTAL IND.		
TOTAL DEP.	35		7				TOTAL DEP.		
TOTAL CLAIMS	39		9				TOTAL CLAIMS		

PTO-1350 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE  
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